

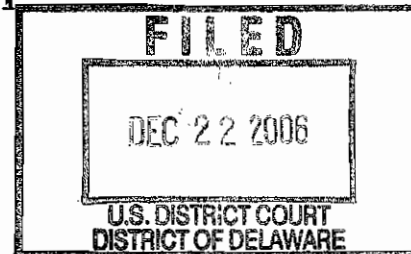
(Rev. 4/97)

COPY

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

- 06 - 789 -

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**



JAN White Coleman #00186376
(Enter above the full name of the plaintiff in this action)

V.
Department of Corrections of the State of Delaware
Stanley Taylor, Commissioner / 245 McKee Rd Dover, DE 19904

Department of Corrections of the State of Delaware
Paul Howard, Bureau Chief of Adult Corrections / 245 McKee Rd Dover DE 19904

Department of Corrections of the State of Delaware
Patrick Ryan, Warden of Baylor Womens Correctional Institute / 660 Baylor Blvd New Castle, DE 19720

(Enter above the full name of the defendant(s) in this action)
CAPTAIN JOSEPH MOORE, SHIFT COMMANDER OVERSEER GRIEVANCES
Department of Corrections of the State of Delaware
Baylor Womens Correctional Institute / 660 BAYLOR BLVD NEWCASTLE 19720
EMMANUEL WALKER, Director Chief, BAYLOR WOMEN CORRECTIONAL INSTITUTE
FIRST CORRECTIONAL MEDICAL INC 1515 SUITE 201, DOVER DE 19904
DR. S. Haganbath Allie, Medical Director / Dr Aruman, CHRONIC CARE PHYSICIAN
DANA BAKER, HEALTH Supervisor Administrative,

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [] NO [X]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket number _____

4. Name of judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. A. Is there a prisoner grievance procedure in this institution? Yes [☒] No []

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes [☒] No []

C. If your answer is YES,

1. What steps did you take? verbal complaint, written complaint
contacted Center of Justice thru correspondence

2. What was the result? 1 grievance went to level II, 1
grievance denied

* D. If your answer is NO, explain why not Never had handbook explaining
grievance procedure until October 21 2006

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes [] No []

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff Jan White Coleman #00186376
 Address BWCI, 660 Baylor Blvd, New Castle De 19720

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

- B. Defendant Stanley Taylor is employed as Commissioner
Department of Corrections
 at State of Delaware

- C. Additional Defendants Paul Howard, Branch Chief of
Adult Corrections, Department of Corrections
State of Delaware
Patrick Ryan Warden, Bayers Womens Corr. Inst.
Department of Corrections State of Delaware

cont. Next
 Page

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

I HAVE TRIED TO EXPLAIN AS BRIEF AS
POSSIBLE ON ATTACHED PAGES. 7 pages

United States District Court Civil Rights Act 42 U.S.C. § 1983
III. DEFENDANTS PARTIES²

* Captain Joe Moore, Shift Commander / Grievance
Baylor Womens Correctional Institute officer
Department of Corrections State of Delaware

* Emmanuel Walker, Director Chief
Baylor Womens Correctional Institute
Department of Corrections, State of Delaware

First Correctional Medical INC

Dr. Sahagombeth Ali or Allie, Medical Director

Deina Baker, Health Supervisor Administrator

Dr. Arumar, Chronic Care Physician

I - T

① 0 FEB 05 2AM I EXPERIENCED NUMBNESS IN MY FEET & HANDS, ASSISTED BY A RASH COVERING MY BODY. % K CALLED MEDICAL. NURSE TAMMY? CALLED ME DOWN. TOOK MY VITALS ANALYZED ME CALLED DR. WHOM GAVE ME BENEDRYL HUSED ME TO SEE NURSE PRACTIONER.

② 09 FEB 05 8AM 9AM SAW NURSE PRACTIONER STEPHANIE REFERRED ME TO CHRONIC CARE DR. ANUMAR

③ 10AM 11AM NURSE BETH INFORMED ME TO GET READY TO SEE DR. I TURNED ON LIGHT TO FIND I WAS LAYING IN A DIRTY LINEN, 2 BAGS OF FOUL TRASH (3 weeks + OLD) DUST AND STORAGED MEDICAL EQUIPMENT ALERTED MENTAL HEALTH STAFF TINA EDMUNDS TO WITNESS AND ASKED FOR A GRIEVANCE. WAS NOT GIVEN GRIEVANCE BUT TOLD THE DOCTOR WOULD BE ^(EXAMINING) SEEING ME IN ANOTHER ROOM.

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(3) cont

— DR AMOYA EXAMINED ME TOLD ME
I HAD SYMPTOMS OF THE FLU, GAVE
ME IV FOR FLUIDS, ^(SHOT) BENEDRYL FOR
RASH, LIQUID DIET, BED REST FOR 5 DAYS

* AS I EXITED EXAMINING ROOM TO GO
TO PREVIOUS ROOM ^{→ TO GET MY BELONGINGS} DANA BAKER
AND JEN WERE CLEANING, REMOVING
EQUIPMENT, SANITIZING ROOM, (WHICH
THEY HAVE PRISON ^{INMATE} STAFF WHO CLEAN
EVERY DAY, AND HAD BEEN THERE TO CLEAN
LOOKING IN MY ROOM, BUT PASSING IT BY.

⊕ 10 FEB 05 I AWAKE THE NEXT MORNING TO FIND I
COULD BARELY WALK. GET OUT OF BED
WITHOUT ASSISTANCE, MY GLANDS WERE
SWOLLEN, THROUGH IN MY MOUTH AND
COULDN'T SWALLOW ANYTHING UNLESS IT
WAS SOFT OR LIQUID. MY ROOMMATE CRYSTAL
REED HELPED ME IN AND OUT OF BED
WHILE NUMEROUS INMATES ESCORTED ME
UP + DOWN STEPS

* From this day until I was admitted
to St Francis. I never received
my liquid diet nor any other Food
IN OR MEAL BECAUSE THE KITCHEN
OR DIETICIAN HAD NOT RECEIVED
AN ORDER FOR MY LIQUID DIET

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Cont

* BECAUSE I could barley get around and had not eaten AS A result I dropped from 170 pds to 145 pds within 7-8 days and became extremely dehydrated.

⑤ 11 FEB 05 - SYMPTOMS BECAME WORSE PUT IN SEVERAL SICK CALLS. DIFFERENT OFFICERS CALLED INFIRMARY STATING I NEEDED MEDICAL ATTENTION

* ALSO I COMPLAINED TO NURSE BARBARA NURSE JANICE & NURSE WHOM COULD PHYSICALLY SEE MY APPEARANCE DEGRADING EACH DAY. NEVER THE LESS I WAS TOLD TO CONTINUE TO TAKE MY MEDS AND I WAS DOWN TO SEE THE CHRONIC CARE DR.

* THESE SYMPTOMS PROGRESSED MY PHYSICAL APPEARANCE WAS DETERIORATING

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⑥ 16 FEB 05 — FINALLY WAS EXAMINED BY DR ARMARO, BECAUSE CORPORAL JOHNSON CALLED CAPTAIN REPETTI WHOM IN TURN CALLED MEDICAL EXPLAINING I NEEDED TO SEE DOCTOR.

— DR ARMARO WHOM PREVIOUSLY INFORMED I HAD THE FLU, EXAMINED ME AND TOLD ME MORE THAN LIKELY MY SYMPTOMS WERE THAT OF HIV AND THEY WERE GOING TO DO BLOOD WORK HE ALSO ORDERED IV FOR FLUIDS, GAVE ME BENEDRYL SHOT BECAUSE MY RASH COVERED MY ENTIRE BODY. IN THE PROCESS OF DANA BAKER GIVING ME IV SHE FOULED UP AT LEAST 3 TIMES AT WHICH TIME THEY RAN OUT OF SUPPLIES TO DO THE IV.

* DR. ARMARO FINALLY TOOK THE INITIATIVE TO GET PERMISSION TO HAVE ME ADMITTED TO ST. FRANCIS HOSPITAL

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⑦ 16 FEB 05 CONT — CORPORAL Reigns ;
C/O BAUCUS transferred me to
St Francis Emergency Room where
I WAS ADMITTED FOR SEVEN DAYS

* DURING THIS TIME SEVERAL OFFICERS WITNESSED
MY DETERIORATING PHYSICAL CONDITION AND
APPEARANCE

* THE MEDICAL DIRECTOR ALLIE TOLD
ME THEY WOULD BE TAKING SEVERAL
TEST BUT MORE THAN LIKELY MY
SYMPTOMS WERE THAT OF HIV

⑧ 18 FEB 05 — A SKIN SPECIALIST CAME TO
EVALUATE MY RASH ASKED
ME ABOUT NEW MEDICATIONS
I MAY HAVE BEEN ON I
GAVE HIM ALL THE NAMES
(WHICH WERE MANY) I ALSO
STATED I WAS ON TEGROTOYL
HE THEN TOLD ME THAT HE HAD
SEEN ALLERGIC REACTION SUCH
AS MINE LIKE THIS IN REGARD
TO THAT MEDICATION

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⑧ cont ——— DR? TOOK ME OFF Tegretol
AND ALL MEDICATION D.O.C
HAD ME ON SPACED OUT
MEDICINES. AT WHICH
TIME I BEGAN TO
RECOOPERATE

⑨ EVENTUALLY ALL BLOOD TEST RAN CAME BACK
NEGATIVE.

* EVENTUALLY MY RASH BEGAN TO DISAPPEAR
AS WELL AS MY SYMPTOMS CLEARED UP
AND I WAS MEDICALLY RELEASED FROM
ST FRANCIS ON 22 FEB 06

⑩ ALTHOUGH MY RASH VISIBLY DISAPPEARED
I LOST FEELING IN MY BOTTOM LIP AND
CHIN FOR EVERY BIT OF 5-6 MONTHS. MY
SKIN WAS VERY SENSITIVE TO TOUCH
AND PERFUMES AND CHEMICALS + DYES
FOR UP TO 8 MONTHS + EVEN TO WATER
AND SOAP. ALSO A FEELING OF BEE STINGS
TO MY LEGGS PERIODICALLY. ALSO LOST TASTE BUDS

⑪ ON SEVERAL OCCASSIONS I WROTE
SICK CALLS TO COMPLAIN OF THESE
OVERALL AFTER EFFECTS

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(11) Cont = PR Armora told me on more than one occasion Nothing was wrong with me. Finally I grieved Him. which went to A class II grievance

* I also contacted center of Justice whom helped me to at least get proper after care

(12) I also grieved Dana Baker "Health Supervisor Administrative" Because she tried to Blackmail me into disregarding or Misquoting that I had been housed in A Bed with Dirty Linen, that was actually A storage room filled with Trash and debris. That grievance was denied by Captain Joe Moore Because he said it would only go to her and she would dismiss it herself.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

Would like monetary compensation for pain & suffering
malpractice, negligence, deliberate indifference

Signed this 12 day of December, 2006

X Jan White Colman #00186376
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

12 Dec 06
Date

Jan White Colman #00186376
(Signature of Plaintiff)

DEC 12 2006

GEORGE P. O'CONNOR
NOTARY PUBLIC, STATE OF DELAWARE
My Commission Expires December 4, 2007

George P. O'Connor

